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7590

08/30/2005

CLARK & ELBING LLP 101 FEDERAL STREET BOSTON, MA 02110

12/05/2005 WABDELR3 00000005 09500162

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Sean L. Avery	(Depositor's name)	
Seem L. A	(Signature)	
November 30, 2005	(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/500.162	02/08/2000	Judes Poirier	08523/006002	2201

"Fee Address" indication (or "Fee Address" indication form registered attorney or agent) and the names of up to	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. Change of correspondence address or indication of "Fee Address" (37 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. Clark & Elbing LL Clark & Elbing LL The Address of up to 3 registered patent attorneys or agents or	nonprovisional	YES	\$700	\$0	\$700	11/30/2005
Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed. 3. Clark & Elbing LL The Address in the patent attorneys or agents or agents. If no name is listed, no name will be printed. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)	. EXAM	INER	ART UNIT	CLASS-SUBCLASS		
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorneys or agents. If no name is listed, no name will be printed. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)	PARKIN, J	EFFREY S	1648	435-007400	_	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)	Address form PTO/SB/12 "Fee Address" indicated PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless	22) attached. ion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO Be an assignee is identified by	tion form e of a Customer E PRINTED ON THE	2) the name of a single firm (having as egistered attorney or agent) and the nar registered patent attorneys or agents. I sted, no name will be printed. PATENT (print or type) will appear on the patent. If an assign	f no name is 3	
Dr. Judes Poirier 1335 Louis Dantin, Boisbriand, Quebec J7G 3Hl Canada				·	OUNTRY)	
	(A) NAME OF ASSIGN					
ease check the appropriate assignee category or categories (will not be printed on the patent) : 🖾 Individual 🚨 Corporation or other private group entity 🚨 Gov	` '	es Poirier	1335 Louis	Dantin, Boisbriand, Q	uebec J7G 3H1 C	anada
	Dr. Jud	assignee category or catego	ries (will not be printed		Corporation or other private g	

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4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
Issue Fee	A check in the amount of the fee(s) is enclosed.
Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.
Advance Order - # of Copies 10	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number
5. Change in Entity Status (from status indicated above)	The Application of Language Control of the Control

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

REG. No. 54,590 November 30, 2005 Authorized Signature Todd Armstrong, Ph.D. Registration No. 54,590 Typed or printed name _

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14..This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT ATTORNEY DOCKET NO. 50381/003002

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Sean L. Avery

Printed name of person mailing correspondence

Signature of person mailing correspondence

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Judes Poirier

Art Unit:

1648

Serial No.:

09/500,162

Examiner:

Parkin, Jeffrey S.

Filed:

February 8, 2000

Customer No.: 21559

Title:

PHARMACOGENETIC METHODS FOR USE IN THE TREATMENT OF

NERVOUS SYSTEM DISEASES

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

REPLY TO NOTICE OF ALLOWANCE

In reply to the Notice of Allowance that was mailed in connection with the abovecaptioned application on August 30, 2005 and having confirmation number 2201, enclosed are:

A completed fee transmittal form PTOL-85; and

A check for \$730.00 to cover the issue fee required by 37 C.F.R. § 1.18(a) of \$700.00, the publication fee of \$0.00, and the patent copy fee required by 37 C.F.R. § 1.19(a)(1)(i) of \$30.00 for ten patent copies.

If there are any additional charges or any credits, please apply them to Deposit Account No. 03-2095.

Respectfully submitted,

Fro at

TODO ARMSTRONG, Ph.D. REG. NO. 54,590

Date: 3c November 2005

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Kristina Bieker-Brady, Ph.D.

Reg. No. 39,109

Clark & Elbing LLP 101 Federal Street Boston, MA 02110-2214 Telephone: 617-428-0200

Facsimile: 617-428-7045